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RUEKJCS/JOINT STAFF WASHDC

UNCLAS SECTION 01 OF 06 RANGOON 000308

SIPDIS

SENSITIVE

SIPDIS

DEPT FOR EAP/EX; EAP/MLS; EAP/EP; EAP/PD
DEPT FOR OES/STC/MGOLDBERG AND PBATES; OES/PCI/ASTEWART;
OES/IHA/DSINGER AND NCOMELLA
DEPT PASS TO USAID/ANE/CLEMENTS AND GH/CARROLL
CDC ATLANTA FOR COGH SDOWELL and NCID/IB AMOEN
USDA FOR OSEC AND APHIS
USDA FOR FAS/DLP/HWETZEL AND FAS/ICD/LAIDIG
USDA/FAS FOR FAA/YOUNG, MOLSTAD, ICD/PETTRIE, ROSENBLUM
DOD FOR OSD/ISA/AP FOR LEW STERN
PARIS FOR FAS/AG MINISTER COUNSELOR/OIE
ROME FOR FAO
BANGKOK FOR REO OFFICE, USAID/RDMA HEALTH OFFICE - JMACARTHUR,
CBOWES
PACOM FOR FPA

E.O. 12958:N/A
TAGS: ECON TBIO EAID SOCI PGOV AMED BM
SUBJ: 3D FUND ANNUAL REVIEW SHOWS POSITIVE RESULTS, IDENTIFIES
CHALLENGES

REF: A) RANGOON 096 B) 07 RANGOON 744 C) RANGOON 278 D) RANGOON

279 E) 07 RANGOON 634

RANGOON 00000308 001.6 OF 006

¶1. (SBU) Summary. The 3 Diseases Fund (3DF), the largest single health donor in Burma, recently completed its first year in operation. During the first annual review meeting, April 1-2, donors, implementing partners, and GOB officials highlighted how the 3DF's assistance addressed Burma's health concerns in the areas of HIV/AIDS, malaria, and tuberculosis, as well as identified challenges to the prevention and provision of services for these diseases. First year successes included: expansion of national programs for all three diseases, increased number of NGOs providing anti-retroviral treatments (ART) for HIV/AIDS patients, improved

coordination between implementing partners and township level health officers, expansion of the public-private treatment for TB, and provision and treatment of more than 100,000 long-lasting bed nets, among others. In addition to expounding the success of 3DF programs, donors and implementing partners also identified future challenges that must be overcome to ensure successful development of Burma's health programs. The 3DF will examine its current funding priorities to determine whether it should reallocate funds from HIV/AIDS programs to TB and malaria; implementing partners will improve data collection and collaboration with the Ministry of Health (MOH) and NGOs; MOH will work with 3DF to prevent multi-drug resistant strains of TB and malaria from spreading. 3DF partners urged other donors to provide more humanitarian assistance to Burma, noting that funding gaps in the national programs may pose regional problems as Burma's disease incidence crosses its borders. End Summary.

Promoting Health Under the 3D Fund

¶2. (SBU) A consortium of six donors - Australia, the European Commission, the Netherlands, Norway, Sweden, and the United Kingdom - established the Three Diseases Fund (3DF) in 2006 to reduce the burden of morbidity and mortality for HIV/AIDS, malaria, and tuberculosis (TB) in Burma and to cover the gap left by the pull out of the Global Fund in 2005 (Ref A). To date, donors have pledged $104 million over five years to assist national health programs at the township level, and have disbursed more than $23 million to 26 implementing partners during the first year. According to Mark Canning, British Ambassador and 3D Fund Board Chair, the 3D Fund's implementing partners, which include UN organizations, international NGOs, and local NGOS, use the funds to support 38 different projects in more than 300 townships throughout Burma.

¶3. (SBU) The 3DF plans to expand its program in 2008 by giving

small grants, up to $100,000, to local NGOs for small scale health projects, 3DF Manager Mikko Lainejoki announced during the annual review. The 3DF had planned to launch its small grants program by March 2008, but faced difficulties identifying local partners and establishing fund flow mechanisms, and determining how best to monitor and evaluate the activities (to be reported septel). Lainejoki told the Fund Board that the 3DF has resolved these issues and will provide up to $1 million in small grants to local NGOs by July.

Combating HIV/AIDS

¶4. (SBU) The 3DF, working closely with implementing partners, the Ministry of Health (MOH), and the National HIV/AIDS Program (NAP), have made progress in addressing HIV/AIDS in Burma, NAP Program Manager Dr. Min Thwe explained. The number of HIV/AIDS cases in Burma has dropped during the past three years, MOH officials emphasized. According to MOH studies, while the number of most at risk populations increased, the overall prevalence rate was 0.67 percent in 2007, showing a leveling off of new HIV/AIDS cases. In 2005, UN figures showed an HIV/AIDS prevalence rate of 1.3 percent of the general population (Ref B). While the prevalence rate decreased from 2005 levels, UN officials noted that it was due primarily to the use of a new formula to determine prevalence, and only secondarily to the increasing number of HIV positive patients' deaths.

¶5. (SBU) In 2007, the NAP established and implemented its operational plan, determined priority townships in Burma for ART treatment, and mapped vulnerable populations. The NAP also provided more than 30 million condoms free-of-charge in 2007. According to the Ministry of Health, the GOB's highest priority is to reduce HIV-related risk and vulnerability among targeted populations, such as female sex workers and their male clients, men who have sex with men, drug users, and families of HIV/AIDS patients. In 2008, the NAP, which has a limited budget of approximately $250,000, plans to expand its treatment program, allocating 60 percent of its budget for ARTs and care and support. Because the national HIV/AIDS

prevalence rate is less than 1 percent, the NAP will gradually reduce its budget for awareness raising, instead relying on NGOs to conduct educational outreach and behavior change programs. In 2008, the NAP hopes to improve coordination with the 3DF implementing partners to reduce the spread of HIV/AIDS, including collaboration on HIV/AIDS data collection, further cooperation on monitoring and evaluation, and expanding treatment for PLHAs.

¶6. (SBU) While the NAP is active in more than 100 townships around

Burma, the majority of HIV/AIDS treatment and prevention activities are conducted by NGOs, most of which receive support from the 3D Fund, PSI Deputy Director Habibur Rahmen explained. Ten 3DF partners work on HIV/AIDS activities in 93 townships. While their activities vary, most conduct home-based care; provide socio-economic, psycho-social, and nutritional support to people living with HIV/AIDS (PLHAs); and give medical support, including ARTs. Currently, 10,882 people receive ARTs, which accounts for less than 20 percent of Burma's HIV positive population. MSF-Holland Country Director Frank Smithuis commented that while ARTs are expensive, the cost of providing care with ARTs and without is the same. Those HIV/AIDS patients who do not receive ARTs often need food support and treatment for other diseases, which costs more than providing ARTs, he explained. He expressed concern that more NGOs and donors were not doing enough to help the Burmese people, letting politics get in the way of providing humanitarian assistance to the truly needy. He encouraged donors and NGOs to increase funding for Burma, noting that NGOs have successfully worked in Burma with small budgets, particularly in the health sector.

Lauding the National TB Program

¶7. (SBU) Tuberculosis (TB) is a major public health concern in Burma and the WHO classifies Burma as one of 22 TB high-burden countries in the world. While the true prevalence of TB in Burma remains unknown, the WHO estimates that more than 40 percent of Burma's population is infected with TB (Refs C and D). The National TB Program (NTP) plans to conduct a prevalence study in 2008, if funds permit, to determine the true disease burden, NTP Manager Dr. Win Maung told the Fund Board. Despite not knowing the true incident rate, the MOH and WHO claim that the NTP has achieved WHO TB targets, detecting 86 percent of new TB cases and successfully treating 85 percent of cases. NGOs questioned the validity of these numbers, arguing that without knowing the true burden of the disease, it was impossible to know whether the NTP has detected 86 percent of the cases, Dr. Nyo Nyo Mint of PSI stated.

¶8. (SBU) In 2007, the 3DF, working through the WHO, successfully strengthened the NTP's capacity at the township level, WHO TB Officer Dr. Hans Kluge explained. The NTP, the strongest of the GOB's national programs, will focus on improving its treatment of TB cases in 2008, particularly of multi-drug resistant TB (MDR-TB) and HIV-TB co-infection cases. Due to funding gaps, the NTP continues to rely on the private sector to assist with TB detection, surveillance, and treatment. The 3DF, which funds 10 partners for TB, has successfully conducted community outreach activities in more than 141 townships and supported the Public-Private Mix (PPM) DOTS

program, which encourages coordination between the NTP and private clinics for the treatment of TB. 3DF officials lauded the PPM program, noting that PSI and Myanmar Medical Association (MMA) clinics detected more than 10,000 new TB cases in 2007. PSI detected 95 percent of these new cases, and provides TB treatment to more than 10 percent of Burma's TB cases. During the meeting, PSI officials pointed out that because the 3DF did not extend TB funding to PSI past March 31, 2008, (it provided the funding to MMA instead) PSI might to have to halt its TB services in 2009. Some participants questioned whether the 3DF and NTP would be able to successfully treat TB nationwide if PSI stopped its TB program.

Malaria

¶9. (SBU) Malaria continues to be a significant health problem in Burma, with more than 650,000 cases reported in 2006. 285 of Burma's 324 townships are high-risk malaria areas, with 29 percent of the population living in malaria-risk areas, WHO Malaria Officer Dr. Leonard Ortega declared. However, the GOB allocates approximately $150,000 for malaria programs each year, 95 percent of which is spent on salaries and operational costs (Ref E). Despite the high prevalence of malaria, both morbidity and mortality rates for malaria have decreased during the past five years, now at 9.6 of 1000 people and 2.9 of 100,000 people respectively. The National Malaria Program (NMP) expects to reduce both morbidity and mortality rates to 6.0 and 2.5 by 2010, NMP Manager Dr. Than Win explained.

¶10. (SBU) 3DF partners acknowledge that Burma's malaria incidence may be up to three times MOH figures, and informed the Fund Board that the best way to reduce the number of malaria cases was to increase educational awareness and provide long-lasting treated bed nets to families in need. Only five percent of Burma's population own and use bed nets, most of which are untreated, Birke Herzbroch of Malteser explained. To successfully combat malaria, 3DF partners and the NMP must provide more than 4 million bed nets as quickly as possible. 3DF partners in 2007 provided more than 36,000 bed nets to vulnerable populations and treated more than 57,000 bed nets with long-lasting insecticide. Partners also established 14 mobile clinics to treat malaria, trained more than 362 health care providers, and procured malaria drugs for private and NMP clinics. In 2008, the National Malaria Program and 3DF partners plan to distribute additional bed nets, procure more than 2.4 million chloroquine tablets to treat malaria, and increase the number of outreach programs.

Identifying Future Challenges

¶11. (SBU) In addition to highlighting the positive steps taken by the 3DF, Board Members, MOH Officials, implementing partners, and donors identified challenges that both the 3DF and GOB must overcome to successfully promote health programs and services while reducing the burden of disease in Burma.

--Funding Gaps: The 3DF is the largest donor in Burma's health sector, providing $23 million this year, substantially more than the GOB gives to national programs and NGOs. However, 3DF funding alone is not enough, Board members and donors emphasized, highlighting funding gaps for all three national programs. Some of the gaps include lack of funding for drug treatment protocols for HIV/AIDS, TB, and malaria; no assistance for coordination of information gathering and analysis; and less funding for monitoring and evaluation of programs. Not only should other donors provide more humanitarian assistance to help Burma's needy, but the GOB should substantially increase the amount going to health programs, Board members declared. The high rate of HIV/AIDS, TB, and malaria prevalence in Burma is not just Burma's problem, they noted. As more Burmese flee the country, looking for jobs or an escape from persecution, they bring their diseases with them, making regional outbreaks of MDR-TB and malaria likely.

--Reviewing Funding Priorities: 3DF members noted that the current 3DF budget is split 60-20-20 between HIV/AIDS, TB, and malaria. Due to the lower prevalence rate of HIV/AIDS and the higher rates of TB and malaria infections, some NGOs questioned the 3DF's budget priorities. Mikko Lainejoki acknowledged the discrepancy, noting that the 3DF would be reviewing disease burden and treatment information to determine how best to allocate funds for future years.

--Securing MOUs with the Government/Monitoring and Evaluation issues: Many of the implementing partners stressed that the GOB's policy of only issuing one-year MOUs for NGOs posed a significant challenge. Almost immediately after signing the MOU, NGOs must begin negotiations for next year's document, they complained. Additionally, they questioned GOB restrictions on NGO travel, noting

that travel was vital to properly monitor and evaluate programs. MOH officials responded that NGOs that asked for permission well in advance were able to travel. In 2007, the MOH granted travel permission 444 times; through March 2008, the MOH had already issued travel permits for 303 trips. MOH officials noted, however, that NGOs should only travel to areas covered by their MOU - if they wanted to travel to a new area or start a program in a new area, travel permits might be delayed.

--Multi-drug resistance for TB and malaria: Participants highlighted that the availability of inferior TB and malaria drugs on the market, coupled by patients defaulting on their medicines, led to higher rates of multi-drug resistant diseases in Burma. NGOs and 3DF members stressed the need to improve basic health services and monitoring to ensure that patients completed their drug protocols. Additionally, they called on the MOH to work with the Burmese Food and Drug Administration to ensure that drugs available on the local market were safe.

--Need for Improved Data Collection: Several members of the Board stressed that NGOs and the MOH needed to improve their data collection techniques and share information. Without accurate information at the beginning of the project, it is impossible to determine success overall, they noted. Many NGOs collect data on their own, but either do not share it or lack the manpower to analyze it properly. NGOs pledged to improve data collection and cooperation with other NGOs during 2008.

Comment

¶12. (SBU) Burma's national disease programs - the NAP, the NTP, and the NMP - provide solid, albeit inconsistent, health care treatment for Burmese throughout the country. The 3DF and its donors believe the best way to reach Burma's needy populations is to work through the existing structures, strengthening the capacity of township level health providers so they can better detect and treat diseases. The Ministry of Health, which is woefully underfunded and receives a budget of less than 1 percent of Burma's GDP annually, cannot do this alone and must rely on the assistance of donors to supplement its programs. The 3DF, like most donors, refuses to provide money directly to the GOB and instead works through 26 implementing partners to establish a public-private partnership for health services and education. The 3DF cannot address Burma's health needs on its own, with minimal financial support from the regime. Additional humanitarian assistance helps the Burmese people who should not have to suffer for their terrible government. Assistance not only will help the Burmese people survive, but will halt the spread of these highly infectious diseases to the rest of the world.

VILLAROSA